2006 LIMITED LIABILITY COMPANY **FILED** ANNUAL REPORT (AR) Jan 23, 2006 08:00 AM Secretary of State D CUMENT # L02000001542 <u>v Name</u> VALLEY, L.L.C. Pri at Place of Business Mailing Address KOUND LAKE ROAD 5100 ROUND LAKE ROAD 51 Al APOPKA FL 32703 Idal Place of Business 3. Mailing Address 2. . Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Applied For Sign City & State 4. FEI Number 01-0582718 Not Applicat: Country Country Zio \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOHL, WALTER H JR. Street Address (P.O. Box Number is Not Acceptable) TOO ROUND LAKE ROAD APOPKA FL 32703 Zip Code City 8. above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access bligations of registered agent. Sit (NOTE, Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable CATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Change Addition Tiπ MGR C Delete KOHL, WALTER H JR. NAME NAK STR 5100 ROUND LAKE ROAD STREET ADDRESS CITY-ST-709 CIT APOPKA FL 32703 ☐ Change Adirection 1171 Delete TITLE U00000398004 NAME NAL STREET ADDRESS 01/30/06-80077-015 50.00 STB CITY-ST-ZIP CITY าสา ☐ Belete TILLE ☐ Change Addition NAA NAME STR STREET ADDRESS CRTY-ST-ZIP CIT ŦΩ ☐ Delete 3133.E Change Asising NAK NAME STREET ADDRESS SIR CITY-ST-ZIP cm☐ Alleite ☐ Delete 7177 F Change ПΠ NAME NAN STREET ADDRESS STR City CITY-ST-ZIP ☐ Addis TITE Delete TITLE Change

areby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information of this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the new figures with the information of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

City-ST-ZIP

NAME

1000 Part and

NAK

STR

CIT

11.

S

1/19/04 407-880-1212